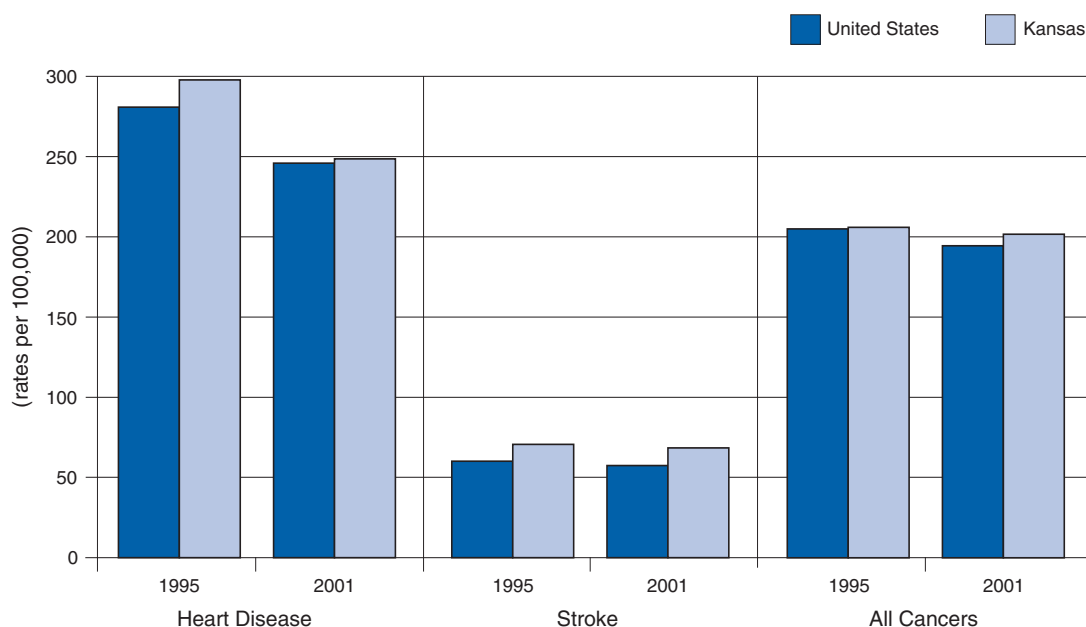


Chronic Diseases: The Leading Causes of Death

The Leading Causes of Death

United States and Kansas, 1995 and 2001



Source: National Center for Health Statistics, 2003

The Burden of Chronic Disease

Chronic diseases—such as heart disease, stroke, cancer, and diabetes—are among the most prevalent, costly, and preventable of all health problems. Seven of every ten Americans who die each year, or more than 1.7 million people, die of a chronic disease.

Reducing the Burden of Chronic Disease

Chronic diseases are not prevented by vaccines, nor do they just disappear. To a large degree, the major chronic disease killers are an extension of what people do, or not do, as they go about the business of daily living. Health-damaging behaviors—in particular, tobacco use, lack of physical activity, and poor nutrition—are major contributors to heart disease and cancer, our nation's leading killers. However, tests are currently available that can detect breast cancer, colon cancer, heart disease, and other chronic diseases early, when they can be most effectively treated.

The Leading Causes of Death and Their Risk Factors

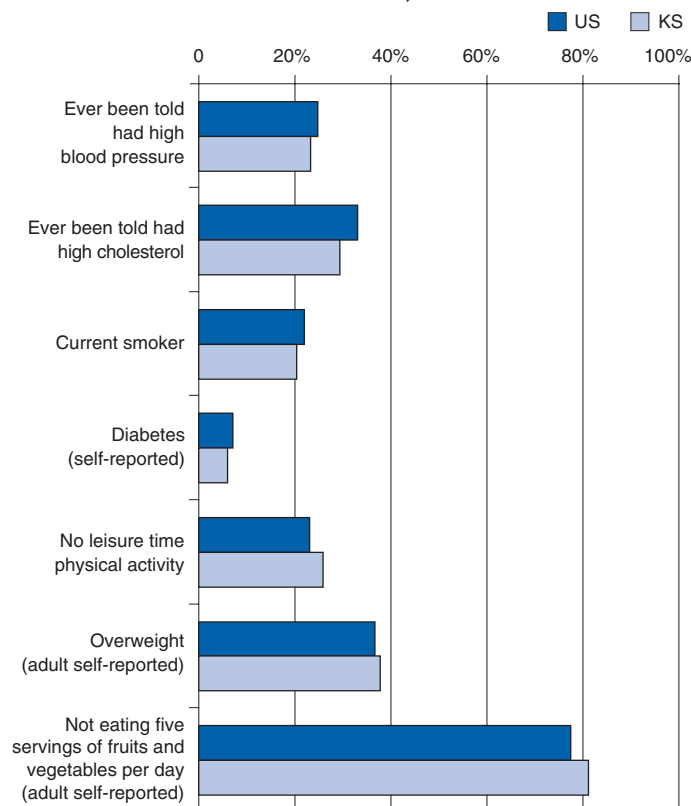
Heart Disease and Stroke

Heart disease and stroke are the first and third leading causes of death for both men and women in the United States. Heart disease is the leading cause of death in Kansas, accounting for 6,716 deaths or approximately 27% of the state's deaths in 2001 (the most recent year for which data are available). Stroke is the third leading cause of death, accounting for 1,848 deaths or approximately 7% of the state's deaths in 2001.

Prevention Opportunities

Two major independent risk factors for heart disease and stroke are high blood pressure and high blood cholesterol. Other important risk factors include diabetes, tobacco use, physical inactivity, poor nutrition, and being overweight or obese. A key strategy for addressing these risk factors is to educate the public and health care practitioners about the importance of prevention. All people should also partner with their health care providers to have their risk factor status assessed, monitored, and managed in accordance with national guidelines. People should also be educated about the signs and symptoms of heart attack and stroke and the importance of calling 911 quickly. Forty-seven percent of heart attack victims and about the same percentage of stroke victims die before emergency medical personnel arrive.

Risk Factors for Heart Disease and Stroke, 2003



Source: BRFSS, 2004

Cancer

Cancer is the second leading cause of death and is responsible for one of every four deaths in the United States. In 2004, over 560,000 Americans—or more than 1,500 people a day—will die of cancer. Of these annual cancer deaths, 5,330 are expected in Kansas. About 1.4 million new cases of cancer will be diagnosed nationally in 2004 alone. This figure includes 12,940 new cases that are likely to be diagnosed in Kansas.

Estimated Cancer Deaths, 2004

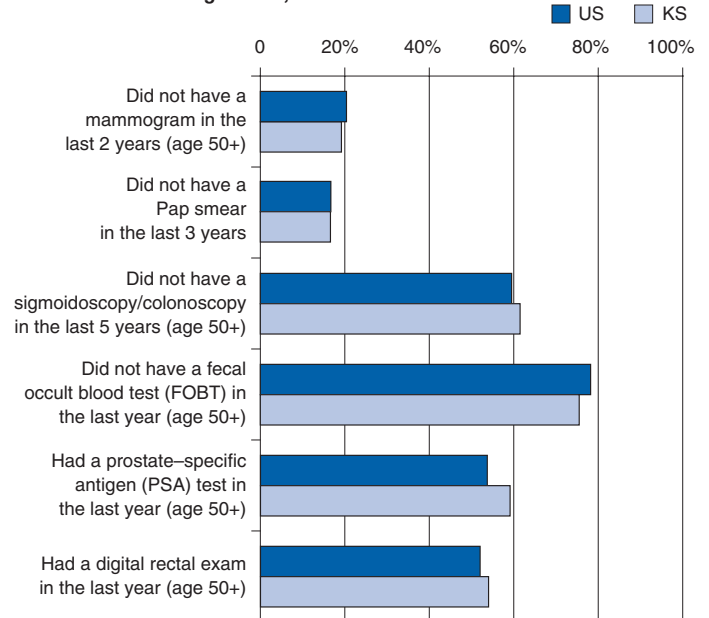
Cause of death	US	KS
All Cancers	563,700	5,330
Breast (female)	40,110	350
Colorectal	56,730	570
Lung and Bronchus	160,440	1,560
Prostate	29,900	350

Source: American Cancer Society, 2004

Prevention Opportunities

The number of new cancer cases can be reduced and many cancer deaths can be prevented. Adopting healthier lifestyles—for example, avoiding tobacco use, increasing physical activity, achieving a healthy weight, improving nutrition, and avoiding sun overexposure—can significantly reduce a person's risk for cancer. Making cancer screening, information, and referral services available and accessible is essential for reducing the high rates of cancer and cancer deaths. Screening tests for breast, cervical, and colorectal cancers reduce the number of deaths by detecting them early.

Preventive Screening Trends, 2002



Source: BRFSS, 2003

Kansas' Chronic Disease Program Accomplishments

Examples of Kansas' Prevention Successes

- Statistically significant decreases in cancer deaths among white men (258.9 per 100,000 in 1990 versus 226.5 per 100,000 in 2000).
- An 18.7% decrease in the number of women older than age 50 who reported not having had a mammogram in the last 2 years (from 37.9% in 1992 to 19.2% in 2002).
- A higher prevalence rate than the corresponding national rate for nonsmokers (79.6% in Kansas versus 78.0% nationally) and a lower prevalence rate than the corresponding national rate for African American women older than age 18 who reported not having had a Pap smear in the last 3 years (4.4% in Kansas versus 11.0% nationally).

CDC's Chronic Disease Prevention and Health Promotion Programs

In collaboration with public and private health organizations, CDC has established a national framework to help states obtain the information, resources, surveillance data, and funding needed to implement effective chronic disease prevention programs and ensure that all Americans have access to quality health care. CDC funding and support enable state health departments to respond efficiently to changing health priorities and effectively use limited resources to meet a wide range of health needs among specific populations. The table below is a breakdown of the CDC's funding awards to Kansas in the areas of cancer, heart disease, stroke, and related risk factors.

CDC Cancer, Heart Disease, Stroke, and Related Risk Factor Funding for Kansas for FY 2003

SURVEILLANCE	
Behavioral Risk Factor Surveillance System (BRFSS) <i>Kansas BRFSS</i>	\$178,807
National Program of Cancer Registries <i>Kansas Cancer Registry</i>	\$665,122
CHRONIC DISEASE PREVENTION AND CONTROL	
Cardiovascular Health Program	\$262,691
Diabetes Control Program <i>Kansas Diabetes Prevention and Control Program</i>	\$518,016
National Breast and Cervical Cancer Early Detection Program <i>Free to Know</i>	\$2,176,983
National Comprehensive Cancer Control Program <i>Bureau of Health Promotion, Cancer Prevention and Control Program</i>	\$150,000
WISEWOMAN	\$0
MODIFYING RISK FACTORS	
National Tobacco Prevention and Control Program <i>Kansas Tobacco Prevention and Control Program</i>	\$1,166,012
State Nutrition and Physical Activity/Obesity Prevention Program	\$0
Racial and Ethnic Approaches to Community Health (REACH 2010)	\$0
Total	\$5,117,631

The shaded area(s) represents program areas that are not currently funded. The above figures may contain funds that have been carried over from a previous fiscal year.

Additional Funding

CDC's National Center for Chronic Disease Prevention and Health Promotion funds additional programs in Kansas that fall into other health areas. A listing of these programs can be found at <http://www.cdc.gov/nccdphp/states/index.htm>.

Opportunities for Success

Chronic Disease Highlight: Cardiovascular Disease

Although cardiovascular disease (CVD), including heart disease and stroke, is the leading cause of death in Kansas, CDC mortality data indicate that from 1996 to 2000 the heart disease death rate in Kansas was below the national rate for heart disease deaths (481 per 100,000 in Kansas, compared with 536 per 100,000 nationally). African American women had the highest heart disease death rate among women in Kansas (516 per 100,000). African American men had the highest heart disease death rate among men in Kansas (669 per 100,000), but American Indian/Alaska Native (AI/AN) men in the state had a higher heart disease death rate than the national rate for AI/AN men (588 per 100,000 versus 444 per 100,000).

In Kansas, the overall death rate for stroke was also slightly lower than the national rate (120 per 100,000 in Kansas, compared with 121 per 100,000 nationally). Among women, African American women had the highest stroke death rate in Kansas (174 per 100,000); this rate was higher than the national stroke death rate for African American women (153 per 100,000). Among men, African American men had the highest stroke death rate in Kansas (197 per 100,000). As with heart disease, the stroke death rate for AI/ANs in Kansas was higher than the national rate for AI/AN men (109 per 100,000 versus 80 per 100,000).

Risk factors for CVD include poor nutrition and physical inactivity, overweight and obesity, smoking, and high blood pressure. According to CDC's Behavioral Risk Factor Surveillance System data, Kansas has room for improvement for each of these risk factors. Data from 2003 indicate that 81.2% of adults in Kansas did not consume 5 or more servings of fruits and vegetables per day (compared with 77.5% nationally) and 56.3% of adults in Kansas did not meet the recommended guidelines for moderate physical activity (compared with 52.8% of adults nationally). Because of these behaviors, more than 60.0% of adults in Kansas were overweight (37.4%) or obese (22.8%). In addition, almost one quarter of adults in Kansas reported having been diagnosed with high blood pressure (23.3%) and one fifth of adults in Kansas (20.4%) reported that they smoked.

Kansas has recently received a Heart Disease and Stroke Prevention Grant from CDC to address the disease's major risk factors as well as to improve prevention, treatment, and emergency response to heart attack and stroke.

Disparities in Health

Almost 20% of the U.S. population lives in rural areas. People in these areas have a higher risk of heart disease, diabetes, and cancer, which is attributable in part to a population that is older, sicker, poorer, and less educated. However, there are rural and urban disparities in health care that are associated with infrastructure or professional capacity to address such health needs, which include disparities in access to health care professionals and health care services.

There are 105 counties in Kansas. Of this number, 38 counties are designated as rural (6.0 to 19.9 residents per square mile) and 31 are designated as frontier (<6.0 residents per square mile). These counties tend to have lower incomes and less education than statewide averages. In 2000, the median family income in 67 of these 69 frontier and rural counties was below the state average for family income. In addition, twelve frontier and rural counties have elderly populations of 25% or greater. The state's geography has a direct influence on transportation, health care workforce availability, and other areas of health service delivery.

In addition to rural and urban disparities, Kansas is also faced with disparities in its minority populations. The state's population is approximately 69% white, 12% African American, and 13% Hispanic. The remaining 5% includes Asian/Pacific Islanders and American Indians/Alaska Natives. Kansas, like other states, faces challenges in measuring the extent of existing racial and ethnic disparities due to limitations in data collection tools, however some racial and ethnic health disparities are reported below.

Other Disparities

- **Cancer:** A 2003 report on a survey conducted by the Kansas Health Institute cited disparities in cancer rates among the state's racial and ethnic groups. African American men, in comparison to the state's general population, had the highest rates for certain types of cancers. The survey also found that lung cancer is especially high among the AI/AN population.
- **Diabetes:** In Kansas, 8% of African Americans and 8% of AI/ANs reported that they had diabetes, compared to 5% of the general population.
- **Obesity:** African Americans in Kansas are more likely to be obese (34.9%) than their white counterparts (22.3%).

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For more information, additional copies of this document, or copies of publications referenced in this document, please contact the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Mail Stop K-42, 4770 Buford Highway NE, Atlanta, GA 30341-3717 | Phone: (770) 488-5706 | Fax: (770) 488-5962
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